**MOTION TEMPLATE**

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**PROPOSED BY:** ACAPT Board of Directors

**That the following be adopted:**

That the list of knowledge, skills, and abilities (KSAs), grouped into 14 themes, requiring students’ demonstration of competence prior to entering their first full-time clinical experience be adopted.

**Student Readiness for the First Full-Time Clinical Experience**

The following table summarizes the minimal knowledge, skills and abilities (KSAs) in which physical therapist students must demonstrate competence prior to entry into the first full-time clinical experience. The KSAs are grouped into 14 themes, numbered and indicated in bold text with the corresponding KSAs listed below. Greater than 80% of participants in the Delphi study indicated that these items were necessary.

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| **Student Readiness Themes and KSAs** | |
| **Theme 1** | **Students should have foundational knowledge to support application and synthesis in the following content areas:** |
| 1.1 | Anatomy (i.e. functional anatomy) |
| 1.2 | Common diagnoses related to systems review (e.g. medical, physical therapy |
| 1.3 | Kinesiology (i.e. biomechanics, exercise science, movement science) |
| 1.4 | Physiology / Pathophysiology (related to general systems review) |
| 1.5 | Tissue mechanics (e.g. stages of healing, use/disuse, load/overload) |
| **Theme 2** | **Students should meet the specific program identified curricular requirements including:** |
| 2.1 | achieve minimum GPA |
| 2.2 | meet minimum expectations for practical examinations |
| 2.3 | remediation of any and all safety concerns |
| **Theme 3** | **Students should take initiative to apply evidence-based strategies to:** |
| 3.1 | generate interventions ideas |
| 3.2 | guide decision-making |
| 3.3 | measure outcomes |
| 3.4 | research unfamiliar information or conditions |
| **Theme 4** | **Students should engage in self-assessment including:** |
| 4.1 | self-assessment of the impact of one’s behaviors on others |
| 4.2 | the understanding of one’s own thought processes (metacognition) |
| 4.3 | self-reflection and identification of areas of strength and those needing improvement, development of a plan to improve, and discussion of that plan with instructors |
| 4.4 | seeking out resources, including support from others when needed, to assist in implementation of the plan |
| **Theme 5** | **Students should utilize constructive feedback by:** |
| 5.1 | being open and receptive, verbally/non-verbally |
| 5.2 | implementing actions to address issues promptly |
| 5.3 | reflecting on feedback provided |
| **Theme 6** | **Students should demonstrate effective communication abilities within the following groups:** |
| 6.1 | diverse patient populations |
| 6.2 | families and other individuals important to the patients |
| 6.3 | healthcare professionals |
| **Theme 7** | **Students should exhibit effective verbal, non-verbal and written communication abilities to:** |
| 7.1 | listen actively |
| 7.2 | demonstrate polite, personable, engaging and friendly behaviors |
| 7.3 | independently seek information from appropriate sources |
| 7.4 | build rapport |
| 7.5 | seek assistance when needed |
| 7.6 | engage in shared decision-making with patients |
| 7.7 | demonstrate a level of comfort and respect with patient handling |
| 7.8 | demonstrate empathy |
| 7.9 | use language and terminology appropriate for the audience |
| 7.10 | introduce one’s self to CI, clinical staff, and patients |
| **Theme 8** | **Students should be prepared to engage in learning through demonstrating:** |
| 8.1 | accountability for actions and behaviors |
| 8.2 | resilience/perseverance |
| 8.3 | cultural competence and sensitivity |
| 8.4 | an eager, optimistic and motivated attitude |
| 8.5 | respect for patients, peers, healthcare professionals and community |
| 8.6 | open-mindedness to alternative ideas |
| 8.7 | punctuality with all assignments |
| 8.8 | self-care to manage stress |
| 8.9 | responsibility for learning |
| 8.10 | self-organization |
| 8.11 | taking action to change when needed |
| 8.12 | willingness to adapt to new and changing situations |
| 8.13 | appropriate work ethic |
| 8.14 | maturity during difficult or awkward situations with patients, families and healthcare professionals |
| **Theme 9** | **Students should develop the following elements including the documentation of:** |
| 9.1 | examination/re-examination (History, systems review, and tests and measures) |
| 9.2 | establish and document the problem list |
| 9.3 | daily interventions |
| **Theme 10** | **Student should recognize and address issues related to safe patient care including the ability to:** |
| 10.1 | identify contraindications and precautions |
| 10.2 | assess and monitor vital signs |
| 10.3 | identify and respond to physiologic changes |
| 10.4 | assess the environment for safety, including lines, tubes, and other equipment |
| 10.5 | appropriately apply infection control procedures including universal precautions |
| 10.6 | provide assistance and guarding for patient safety |
| 10.7 | utilize appropriate body mechanics to avoid injury to self or patients |
| 10.8 | provide appropriate draping during patient care activities |
| **Theme 11** | **Student should demonstrate the following clinical reasoning skills for a non-complex patient:** |
| 11.1 | utilize the elements of the patient-client management model including:  address various body systems (cardiopulmonary, integumentary,   musculoskeletal, neuromuscular) during the examination |
| 11.2 | articulate a clinical rationale in patient evaluation |
| 11.3 | develop goals that are linked to the patient’s activity limitations and participation restrictions |
| 11.4 | determine appropriateness for therapy within scope of PT practice |
| 11.5 | interpret examination findings |
| 11.6 | screen to rule in/out conditions and concerns |
| **Theme 12** | **Student should have BOTH the understanding and skill to perform the following examination skills:** |
| 12.1 | balance assessment |
| 12.2 | chart review to extract relevant history |
| 12.3 | dermatome screening |
| 12.4 | functional mobility assessment |
| 12.5 | gait assessment |
| 12.6 | goniometry |
| 12.7 | interview / history taking |
| 12.8 | lower quadrant screening |
| 12.9 | manual muscle testing |
| 12.10 | muscle length testing |
| 12.11 | myotome screening |
| 12.12 | reflex testing |
| 12.13 | sensory examination |
| 12.14 | medical screening for red flags |
| 12.15 | systems review |
| 12.16 | upper quadrant screening |
| **Theme 13** | **Student should have the understanding and skill to perform the following interventions:** |
| 13.1 | prescribe, fit, and instruct patients in proper use of assistive devices |
| 13.2 | functional training (including bed mobility, transfers, and gait) with appropriate guarding and assistance |
| 13.3 | individualized patient education |
| 13.4 | therapeutic exercise: specifically strengthening |
| 13.5 | therapeutic exercise: specifically stretching |
| 13.6 | therapeutic exercise: specifically aerobic exercise |
| **Theme 14** | **Student should recognize and follow specific professional standards, including:** |
| 14.1 | appropriate dress code |
| 14.2 | core values identified by the APTA as accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility |
| 14.3 | clinical expectations specific to setting |
| 14.4 | HIPAA regulations |
| 14.5 | legal aspects related to patient care |
| 14.6 | obligations of the patient-provider relationship |
| 14.7 | passion for the profession |
| 14.8 | patient rights |
| 14.9 | maintaining professional boundaries |
| 14.10 | understanding physical therapy's role in the healthcare system |

**Support Statement:**

SS: The participants in the Clinical Education Summit clearly identified a need for consistency in the level of competence of students entering their first full time clinical experience. This set of KSAs provides the minimal expectations for those students and adoptions of these KSAs is an important first step in accomplishing the Summit recommendation.

Academic programs should be encouraged to provide students with the appropriate educational experiences/modules so that the student may achieve the level of proficiency indicated for the said items. This information would ensure consistent preparation prior to a student’s first full-time clinical experience. Given this information, clinical instructors can be confident that students would begin their clinical experience with competency in these items and can therefore develop and provide a more appropriate learning environment for a student to continue to grow. The format of the themes and elements may be starting points for the potential development of competency milestones that would be applicable to all students in physical therapist education prior to entrance into their first full-time clinical experience.

In order for the educational programs and clinical partners to implement these KSAs, additional considerations to communication, assessment, expectations, and timelines need to be considered. If adopted, the ACAPT Board will develop a plan, including an implementation timeline, to guide physical therapist educational programs in implementing the use of the First Full Time Clinical Education Experience KSAs. This plan shall also include guidance on communication to clinical partners.

As described above, the clinical sites are anxious for a standard set of competencies that all first full-time students have achieved prior to arriving in their clinics. One step in achieving this goal requires educational programs to assess their curriculum and determine if changes are needed to enable students to achieve the described levels of competence. Many programs likely have the components in place that enable students to meet these KSAs; other programs may need to make only small changes to achieve this goal; and still others may need to consider shift in the program design. In any case, being responsive to the Summit recommendations and thus the voice of our clinical partners, starts with an assessment of current state and necessary changes. Therefore, the ACAPT Board will also encourage physical therapist educational programs to evaluate and make appropriate changes to their curriculum to enable students to achieve competency in the First Full-time Clinical Experience KSAs.

Now that consensus has been achieved on the knowledge, skills, attitudes and professional behaviors students must have or display and given the importance of assessment and evaluation in competency-based education, additional research to determine the best assessment methods is warranted. Best practice should be utilized to develop a continued and frequent assessment process to ensure physical therapist students achieve the milestones at the appropriate time in their continuum of learning. The ACAPT Board recognizes this need to support collaborative educational research to determine the most appropriate types of assessments of student readiness and develop a timeline for implementation.

**RELATIONSHIP TO PURPOSE AND OBJECTIVES OF THE ACAPT:**

Setting best practice standards in academic PT education.

**RELEVANT POSITION/STANDARD/GUIDELINE/POLICY/PROCEDURE:**

[Include current standard, position, guideline, policy or procedure if applicable]

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